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PTO/SB/05 (03-01)

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10/19/01



# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	10071-018-999	Total Pages (including this page)	43
First Named Inventor or Application Identifier			
Mason			
Express Mail Label No.	EL 477 032 031 US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form [Total Pages 1] Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims Small Entity status [Total Pages 1]</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 38] (preferred arrangement set forth below) -Descriptive title of the Invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&amp;D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description of the Invention (including drawings, if filed) -Claim(s) -Abstract of the Disclosure</p> <p>4. Drawing(s) (35 USC 113) [Total Sheets ]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Sheets 2] a. <input checked="" type="checkbox"/> Unexecuted b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 19 completed)  i. <input type="checkbox"/> <u>DELETION OF INVENTORS(S)</u>  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p>

ACCOMPANYING APPLICATION PARTS
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(i). Applicant must attach form PTO/SB/35 or it's equivalent</p> <p>17. <input type="checkbox"/> Other:</p>

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: filed .

19. CORRESPONDENCE ADDRESS	
Customer Number: 	20583 (Insert Customer No. or Attach bar code label here)
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NAME				
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**PENNIE & EDMONDS LLP**

COUNSELLORS AT LAW  
1155 Avenue of the Americas  
New York, N.Y. 10036-2711  
(212) 790-9090

ATTORNEY DOCKET NO. 10071-018-999Date: October 19, 2001

Assistant Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Paul Mason

Executed on: unexecuted

Title of Invention: STERILE, BREATHABLE, PATCH FOR TREATING WOUND PAIN

**PATENT APPLICATION FEE VALUE**

TYPE	NO. FILED	LESS	EXTRA	EXTRA RATE	FEE
Total Claims	37	-20	17	\$18.00 each	\$ 306.00
Independent	5	-3	2	\$84.00 each	\$ 168.00
Minimum Fee					\$ 740.00
Multiple Dependency Fee If Applicable (\$270.00)					\$ 0.00
Total					\$ 1,214.00
Applicant qualifies for the 50% Reduction for Independent Inventor, Nonprofit Organization or Small Business Concern					- \$ 607.00
Total Filing Fee					\$ 607.00

Please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150. A copy of this sheet is enclosed.

Respectfully submitted,

*Samuel B. Abrams*  
Samuel B. Abrams  
PENNIE & EDMONDS LLP

44,794 fee  
30,605  
(Reg. No.)

Enclosure

This form is not for use with continuation, divisional, re-issue, design or plant patent applications.

Express Mail No.: EL 477 032 031 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Mason

Application No.: To be assigned

Attorney Docket No.: 10071-018-999

Filed: Herewith

For: STERILE, BREATHABLE PATCH FOR  
TREATING WOUND PAIN

REQUEST TO ESTABLISH SMALL ENTITY STATUS

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

It is respectfully requested that the above-identified application, submitted herewith, be accorded small-entity status.

Respectfully submitted,

*Alfred Pagano 44,994 for*  
*Samuel B. Abrams*

Date: October 19, 2001

Samuel B. Abrams (Reg. No. 30,605)

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